## The State of New Hampshire

COUNTY	PROBATE COURT

Mailing Address	IN RE: Gua	rdianship of		
Guardian Name	DOCKET N	JMBER:		
Mailing Address	REPORTING	9 PERIOD:		
Mailing Address	Guardian Name			Telephone
Mailing Address	Mailing Address			
Date of Birth Telephone  Mailing Address  Residence address, if different from above  Name of facility where ward resides  Type of facility: Private home Group Home Nursing Home Institution Other (specify)  Contact Person Telephone  Describe the following:  Supportive services being provided the ward  Appropriateness of care and treatment  Describe physical health of ward  Significant changes since last report  Hospitalizations since last report  Surgical procedures since last report  Illnesses since last report	Guardian Name			Telephone
Date of Birth Telephone  Mailing Address  Residence address, if different from above	<b>Mailing Address</b>			
Date of Birth Telephone  Mailing Address  Residence address, if different from above	Ward Name			
Residence address, if different from above				
Type of facility: Private home Group Home Nursing Home Institution Other (specify)  Contact Person Telephone  Describe the following:  Supportive services being provided the ward  Appropriateness of care and treatment  Describe physical health of ward  Significant changes since last report  Hospitalizations since last report  Surgical procedures since last report  But the service of the surface of the service of	Mailing Address			
Type of facility: Private home Group Home Nursing Home Institution Other (specify)  Contact Person Telephone  Describe the following:  Supportive services being provided the ward  Appropriateness of care and treatment  Describe physical health of ward  Significant changes since last report  Hospitalizations since last report  Surgical procedures since last report  Illnesses since last report	Residence addre	ess, if different from ab	ove	
Institution Other (specify)  Contact Person Telephone  Describe the following:  Supportive services being provided the ward  Appropriateness of care and treatment  Describe physical health of ward  Significant changes since last report  Hospitalizations since last report  Surgical procedures since last report  Illnesses since last report	Name of facility wh	nere ward resides		
Contact Person Telephone Describe the following:  Supportive services being provided the ward  Appropriateness of care and treatment  Describe physical health of ward  Significant changes since last report  Hospitalizations since last report  Surgical procedures since last report  Illnesses since last report	Type of facility:	Private home	<b>Group Home</b>	Nursing Home
Describe the following:  Supportive services being provided the ward  Appropriateness of care and treatment  Describe physical health of ward  Significant changes since last report  Hospitalizations since last report  Surgical procedures since last report  Illnesses since last report		Institution	Other (specify)	
Supportive services being provided the ward	Contact Person			Telephone
Appropriateness of care and treatment	Describe the follow	ving:		
Describe physical health of ward			a ward	
Significant changes since last report  Hospitalizations since last report  Surgical procedures since last report  Illnesses since last report	Supportive servi	ces being provided the	= waru	
Hospitalizations since last report  Surgical procedures since last report  Illnesses since last report				
Surgical procedures since last report	Appropriateness	s of care and treatment		
Illnesses since last report	Appropriateness  Describe physical	of care and treatment	-	
	Appropriateness  Describe physical  Significant chan	of care and treatment health of ward ges since last report _	-	
Describe mental health of ward	Appropriateness  Describe physical  Significant chan  Hospitalizations	s of care and treatment health of ward ges since last report since last report		
	Appropriateness  Describe physical  Significant chan  Hospitalizations  Surgical procede	s of care and treatment health of ward ges since last report since last report		
Psychiatric treatments since last report	Appropriateness  Describe physical  Significant chan  Hospitalizations  Surgical procedu	s of care and treatment health of ward ges since last report since last report ures since last report _		
	Appropriateness Describe physical Significant chan Hospitalizations Surgical procedu Illnesses since la	s of care and treatment health of ward ges since last report ures since last report _ ast report ealth of ward	t	

In RE	: Guardianship of:				
8.	Specify any proposed changes in the living situation of the ward.  Specify guardian's plan for preserving and maintaining the well-being of the ward.				
9.					
10.	Guardianship should be: Continued Terminated Altered  Specify facts supporting your recommendation and provide any other information that may assist the court to better assess the general welfare of the ward.				
	fy that I have sent a copy of this annua	Il report to the ward.  Guardian Signature			
Date:					
	THE STATE O	Guardian Signature F NEW HAMPSHIRE			
	COUNTY	DATE			
made	are true and accurate according to his	dian(s) and took oath that the foregoing statements her/their best knowledge and belief. Before me,			
Affix :	ommission Expires Seal	Justice of the Peace/Notary Public			
	(	DRDER			
	This report is approved.				
	This report is disapproved.				
Date:					
		Judge of Probate			

AOC-156A-003 (11/99)